

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

DRAFT

NOT FOR OFFICIAL USE

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

F. CERTIFICATION

All applicants must sign the certification in this section.

Read and submit the following certification statement with this application.

Refer to the instructions to determine who is an officer for purposes of this certification.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Officer:

Name of Officer:
(typed or printed)

Official Title of Officer:

Telephone Number:

Date Signed:

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d. Incinerator stack height, in meters: _____

Indicate whether value submitted is:

_____ Actual stack height _____ Creditable stack height

e. Submit, with this application, information documenting the operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

E.10. Monitoring Equipment. List the equipment in place to monitor the following parameters:

- a. Total hydrocarbons: _____
- b. Percent oxygen: _____
- c. Moisture content: _____
- d. Combustion temperature: _____
- e. Other: _____

E.11. Air Pollution Control Equipment. Submit, with this application, a list of all air pollution control equipment used with this sewage sludge incinerator.

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- c. If sewage sludge sampling is used to demonstrate compliance, submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.

E.5. Dispersion Factor.

- a. Dispersion factor, in micrograms/cubic meter per gram/second: _____
- b. Name and type of dispersion model: _____
- c. Submit a copy of the modeling results and supporting documentation with this application.

E.6. Control Efficiency.

- a. Control efficiency, in hundredths, for the following pollutants:
- | | |
|-----------------|---------------|
| Arsenic: _____ | Lead: _____ |
| Cadmium: _____ | Nickel: _____ |
| Chromium: _____ | |
- b. Submit a copy of the results of performance testing and supporting documentation (including testing dates) with this application.

E.7. Risk Specific Concentration for Chromium.

- a. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: _____
- b. Which basis was used to determine the RSC?
- _____ Table 2 in 40 CFR 503.43
- _____ Equation 6 in 40 CFR 503.43 (site-specific determination)
- c. If Table 2 was used, identify the type of incinerator used as the basis:
- _____ Fluidized bed with wet scrubber
- _____ Fluidized bed with wet scrubber and wet electrostatic precipitator
- _____ Other types with wet scrubber
- _____ Other types with wet scrubber and wet electrostatic precipitator

- d. If Equation 6 was used, provide the following:

Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: _____

Submit results of incinerator stack tests for hexavalent and total chromium concentrations, including date(s) of test, with this application.

E.8. Operational Standard for Total Hydrocarbons (THC).

- a. Raw value for THC concentration in stack emissions, in ppm: _____
- b. Moisture content in stack gas, in percent: _____
- c. Oxygen concentration in stack gas, in percent: _____
- d. Corrected value for THC concentration in stack emissions, in ppm: _____
- e. Submit, with this application, documentation used to derive raw THC concentration, moisture content, oxygen concentration, and corrected THC concentration.

E.9. Operating Parameters.

- a. Incinerator type: _____
- b. Combustion temperature: _____

Submit, with this application, supporting documentation such as testing date(s), a description of temperature measurement and data recording and handling systems, and a description of how such combustion temperature data have been averaged.

- c. Sewage sludge feed rate, in dry metric tons/day: _____

Indicate whether value submitted is:

_____ Average use _____ Maximum design

Submit, with this application, supporting documentation describing how the feed rate was calculated.

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E. INCINERATION

Complete this section if you fire sewage sludge in a sewage sludge incinerator.

Complete this section once for each incinerator in which you fire sewage sludge. If you fire sewage sludge in more than one sewage sludge incinerator, attach additional copies of this section as necessary.

E.1. Incinerator Identification. Provide the following information for the sewage sludge incinerator:

a. Incinerator name or number: _____

b. Are you the owner of this sewage sludge incinerator? ____ Yes ____ No

If no, provide the following information:

Name of owner: _____

Facility contact. Name: _____

Title: _____

Phone: () _____

Owner mailing address.

Street or P. O. Box: _____

City or Town: _____ State: ____ Zip: ____

c. Are you the operator of this sewage sludge incinerator? ____ Yes ____ No

If no, provide the following information:

Name of operator: _____

Facility contact. Name: _____

Title: _____

Phone: () _____

Operator mailing address.

Street or P. O. Box: _____

City or Town: _____ State: ____ Zip: ____

Facility location.

Street or Route #: _____

County: _____

City or Town: _____ State: ____ Zip: ____

E.2. Amount Fired. Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: _____

E.3. Beryllium NESHAP.

a. Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in the instructions? ____ Yes ____ No

Submit, with this application, information, test data, and description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.

b. If the answer to (a) is yes, submit—with this application—a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

E.4. Mercury NESHAP.

a. How is compliance with the mercury NESHAP being demonstrated?
____ Stack testing ____ Sewage sludge sampling
(if checked, complete E.4.b) (if checked, complete E.4.c)

b. If stack testing is conducted, submit the following information with this application:

- A complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.
- Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

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- g. Which vector attraction reduction option is achieved before sewage sludge leaves the other facility?

____ Option 1 (Minimum 38 percent reduction in volatile solids)
____ Option 2 (Anaerobic process, with bench-scale demonstration)
____ Option 3 (Aerobic process, with bench-scale demonstration)
____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
____ Option 5 (Aerobic processes plus raised temperature)
____ Option 6 (Raise pH to 12 and retain at 11.5)
____ Option 7 (75 percent solids with no unstabilized solids)
____ Option 8 (90 percent solids with unstabilized solids)
____ None or unknown

- h. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce vector attraction properties of sewage sludge:

- i. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in (e) - (h) above:

D.4. Vector Attraction Reduction.

- a. Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

____ Option 9 (Injection below land surface)
____ Option 10 (Incorporation into soil within 6 hours)
____ Option 11 (Covering active sewage sludge unit daily)

- b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

D.5. Ground-Water Monitoring.

- a. Is ground-water monitoring currently conducted at this active sewage sludge unit, or are ground-water monitoring data otherwise available for this active sewage sludge unit?

____ Yes ____ No

If yes, provide a copy of available ground-water monitoring data. Also provide a written description of the well locations, the approximate depth to ground water, and the ground-water monitoring procedures used to obtain these data.

- b. Has a ground-water monitoring program been prepared for this active sewage sludge unit?

____ Yes ____ No

If yes, submit a copy of the ground-water monitoring program with this permit application.

- c. Have you obtained a certification from a qualified ground-water scientist that the aquifer below the active sewage sludge unit has not been contaminated?

____ Yes ____ No

If yes, submit a copy of the certification with this permit application.

D.6. Site-Specific Limits. Are you seeking site-specific permit limits for the sewage sludge placed on the active sewage sludge unit?

____ Yes ____ No

If yes, submit information to support the request for site-specific pollutant limits with this application.

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Complete Sections D.2 - D.6 for each active sewage sludge unit.

D.2. Information on Active Sewage Sludge Units.

a. Unit name or number: _____

b. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____

c. Does the active sewage sludge unit have a liner with a minimum hydraulic conductivity of 1 x 10⁻⁷ cm/sec? _____ Yes _____ No

If yes, describe the liner (or attach a description):

d. Does the active sewage sludge unit have a leachate collection system? _____ Yes _____ No

If yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate disposal and provide the numbers of any Federal, State, or local permit(s) for leachate disposal:

e. If you answered no to either D.2.c or D.2.d, answer the following question:

Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? _____ Yes _____ No

If yes, provide the actual distance in meters: _____

D.3. Sewage Sludge from Other Facilities. Is sewage sludge sent to this active sewage

sludge unit from any facilities other than your facility? _____ Yes _____ No

If yes, provide the following information for each such facility. If sewage sludge is sent to this active sewage sludge unit from more than one such facility, attach additional pages as necessary.

a. Name of facility: _____
b. Facility contact. Name: _____
Title: _____

Phone: () _____

c. Facility mailing address.

Street or P.O. Box: _____ State: _____ Zip: _____

City or Town: _____

d. List, on this form or an attachment, the facility's NPDES permit number, as well as the numbers of all other Federal, State, and local permits that regulate the facility's sewage sludge management practices:

Permit Number: _____ Type of Permit: _____

e. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?

_____ Class A _____ Class B _____ None or unknown

f. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

D. SURFACE DISPOSAL

Complete this section if you own or operate a surface disposal site.

Complete Section D.1 once for each surface disposal site that you own or operate.

D.1. Site Information. Provide the following information for the surface disposal site:

a. Site name or number: _____

b. Are you the owner of this surface disposal site? ____ Yes ____ No

If no, provide the following information:

Name of owner: _____

Facility contact: _____

Name: _____

Title: _____

Phone: () _____

Owner mailing address:

Street or P.O. Box: _____

City or Town: _____ State: ____ Zip: ____

c. Are you the operator of this surface disposal site? ____ Yes ____ No

If no, provide the following information:

Name of operator: _____

Facility contact: _____

Name: _____

Title: _____

Phone: () _____

Operator mailing address:

Street or P.O. Box: _____

City or Town: _____ State: ____ Zip: ____

Facility location:

Street or Route #: _____

County: _____

City or Town: _____ State: ____ Zip: ____

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

Complete Question C.8 only if the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2) (see instructions).

C.8. Cumulative Loadings and Remaining Allotments.

- a. Have you contacted the permitting authority in the State where the bulk sewage sludge subject to CPLRs will be applied, to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993?

____ Yes ____ No

If no, sewage sludge subject to CPLRs may not be applied to this site.

If yes, continue on to the next question.

- b. Based upon this inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?

____ Yes ____ No

If no, skip the rest of this section.

If yes, answer questions C.8.c - C.8.g.

- c. Site size, in hectares: _____

- d. Dry metric tons of sewage sludge per hectare from your facility applied to this site, per 365-day period: _____

- e. Total dry metric tons of sewage sludge per hectare from your facility applied to this site, over the life of the site: _____

- f. Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Name of facility:
Facility contact:

Name: _____
Title: _____

Phone: () _____

Facility mailing address.

Street or P.O. Box: _____

City or Town: _____

State: _____ Zip: _____

- g. Provide the total loading and allotment remaining, in kg/hectare, for each of the following pollutants:

| | Cumulative loading | Allotment remaining |
|------------|--------------------|---------------------|
| Arsenic | _____ | _____ |
| Cadmium | _____ | _____ |
| Chromium | _____ | _____ |
| Copper | _____ | _____ |
| Lead | _____ | _____ |
| Mercury | _____ | _____ |
| Molybdenum | _____ | _____ |
| Nickel | _____ | _____ |
| Selenium | _____ | _____ |
| Zinc | _____ | _____ |

FACILITY NAME:

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C.6. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?

_____ Yes _____ No

If yes, answer C.6.a and C.6.b:

a. Indicate which vector attraction reduction option is met:

_____ Option 9 (Injection below land surface)

_____ Option 10 (Incorporation into soil within 6 hours)

b. Describe, on this form or another sheet of paper, any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge:

C.7. Ground-Water Monitoring.

Are any ground-water monitoring data available for this land application site?

_____ Yes _____ No

If yes, submit the ground-water monitoring data with this permit application. Also submit a written description of the well locations, approximate depth to ground water, and the ground-water monitoring procedures used to obtain these data.

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

C. LAND APPLICATION OF BULK SEWAGE SLUDGE

Complete Section C for sewage sludge that is applied to the land, unless any of the following conditions apply:

- The sewage sludge meets the Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8 *(fill out B.4 instead)*; or
- The sewage sludge is sold or given away in a bag or other container *(fill out B.5 instead)*; or
- You provide the sewage sludge to another facility for treatment or placement in a bag or other container *(fill out B.6 instead)*.

In other words, complete Section C only for the sewage sludge that you reported in Section B.7.

C.1. Identification of Land Application Site.

a. Site name or number: _____

b. Site location.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

Latitude: _____ Longitude: _____

C.2. Owner Information.

a. Are you the owner of this land application site? _____ Yes _____ No

b. If no, provide the following information for the owner:

Name: _____

Phone: () _____

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

C.3. Applier Information.

a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? _____ Yes _____ No

b. If no, provide the following information for the person who applies:

Name: _____

Phone: () _____

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

C.4. Site Type. Identify the type of land application site from among the following:

_____ Agricultural land _____ Reclamation site

_____ Forest _____ Lawn or home garden

_____ Public contact site _____ Other. If other, specify: _____

C.5. Crop or Other Vegetation.

a. What type of crop or other vegetation is grown on this site?

b. What is the nitrogen requirement for this crop or vegetation?

FACILITY NAME:

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(for official use only)

Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.9. Incineration.

- a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: _____
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?
_____ Yes _____ No

If no, complete B.9.c - B.9.h for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Incinerator contact. Name: _____

Title: _____

Phone: () _____

Contact is incinerator: _____ Owner _____ Operator _____

e. Incinerator mailing address.

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

f. Incinerator location.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

g. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: _____

h. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the firing of sewage sludge in this incinerator:

Permit Number: _____

Type of Permit: _____

B.10. Disposal in a Municipal Solid Waste Landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

a. Name of landfill: _____

b. Landfill contact. Name: _____

Title: _____

Phone: () _____

Contact is: _____ Landfill owner _____ Landfill operator _____

c. Mailing address for municipal solid waste landfill.

Street or P.O. Box: _____ State: _____ Zip: _____

City or Town: _____ State: _____ Zip: _____

d. Location of municipal solid waste landfill.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period: _____

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill:

Permit Number: _____

Type of Permit: _____

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test).

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

_____ Yes _____ No

FACILITY NAME:

PERMIT NUMBER:

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Complete Section B.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:

- Section B.4 (it meets Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or
- Section B.5 (you place it in a bag or other container for sale or give-away); or
- Section B.6 (you send it to another facility for treatment or for sale or give-away).

B.7. Land Application of Bulk Sewage Sludge.

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____
- b. Nitrogen content in the sewage sludge that is applied to the land in bulk form, expressed as percent dry weight or mg/kg dry weight:

| Content | Units |
|--------------------------------|-------|
| Ammonium nitrogen: | _____ |
| Nitrate nitrogen: | _____ |
| Total Kjeldahl nitrogen (TKN): | _____ |

- c. Do you identify all land application sites in Section C of this application?

_____ Yes _____ No

If no, submit a copy of the land application plan with this application (see instructions).

- d. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge?

_____ Yes _____ No

If yes, describe—on this form or another sheet of paper—how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.

B.8. Surface Disposal.

- a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: _____
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
_____ Yes _____ No
- If no, answer B.8.c - B.8.h for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

- c. Site name or number: _____

- d. Site contact.

Name: _____
Title: _____

Phone: () _____

Contact is: _____ Site owner _____ Site operator

- e. Site mailing address.

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

- f. Site location.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

- g. Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: _____

- h. List, on this form or an attachment, the site's NPDES permit number, as well as the numbers of all other Federal, State, and local permits that regulate sewage sludge disposal at the site:

Permit Number: _____ Type of Permit: _____

FACILITY NAME:

PERMIT NUMBER:

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i. If you answered yes to (f), (g), or (h), attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away? _____ Yes _____ No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
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Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or that places the sewage sludge in a bag or other container for sale or give-away. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

B.6. Shipment Off Site for Treatment or for Sale or Give-Away.

- a. Name of receiving facility: _____
- b. Facility contact. Name: _____
Title: _____
Phone: () _____
- c. Facility mailing address.
Street or P.O. Box: _____ State: _____ Zip: _____
City or Town: _____
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____
- e. List, on this form or an attachment, the receiving facility's NPDES permit number, as well as the numbers of all other Federal, State, and local permits that regulate the receiving facility's sewage sludge management practices:
- Permit Number: _____ Type of Permit: _____

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? _____ Yes _____ No
- Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
- _____ Class A _____ Class B _____ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? _____ Yes _____ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- _____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:

- h. Does the receiving facility provide any additional treatment (including blending) activities) not identified in (f) or (g) above? _____ Yes _____ No

If yes, describe—on this form or another sheet of paper—the treatment (including blending) activities not identified in (f) or (g) above:

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- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment (including blending) activities not identified in (a) - (d) above:

Complete Section B.4 if sewage sludge from your facility meets the pollutant concentrations in Table 3 of 40 CFR 503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in §503.33(b)(1)-(8). Skip this section if sewage sludge from your facility does not meet all of these criteria.

B.4. Preparation of Sewage Sludge Meeting Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away? _____ Yes _____ No
- c. Is sewage sludge subject to this section provided to another facility for distribution (including placement in a bag or other container for sale or give-away)? _____ Yes _____ No

If yes, provide the following information if available for each facility distributing this sewage sludge:

Name of facility: _____ Name: _____
Facility contact: _____ Title: _____
Phone: () _____
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____

List, on this form or an attachment, the receiving facility's NPDES permit number, as well as the numbers of all other Federal, State, and local permits that regulate the receiving facility's sewage sludge management practices:

Permit Number: _____ Type of Permit: _____

Complete Section B.5 if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this section if the sewage sludge is covered in Section B.4.

B.5. Sale or Give-Away in a Bag or Other Container.

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away: _____
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container.

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge.

B.1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: _____

B.2. Amount Received from Off Site. If your facility receives sewage sludge from another

facility for treatment, use, or disposal, provide the following information for each facility from which sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Name of facility: _____

b. Facility contact: Name: _____

Title: _____

Phone: () _____

c. Facility mailing address.

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Facility location.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

e. Total dry metric tons per 365-day period received from this facility: _____

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

B.3. Treatment Provided at Your Facility.

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

_____ Class A _____ Class B _____ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- _____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

A.4. Indian Lands. Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur on Indian lands?

____ Yes ____ No

If yes, describe:

A.5. Topographic Map. Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that shows the following items of information. Map(s) should include the area one mile beyond all property boundaries of the facility:

- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, treated, or disposed.
- Location of all water bodies within one mile beyond the facility's property boundaries.
- Location of all wells used for drinking water listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

A.6. Hazardous Waste Characteristics. Attach the results of any testing that has been conducted in the last five years to determine whether the sewage sludge is a hazardous waste.

A.7. Pollutant Concentrations. Using the table below or a separate attachment, provide existing data on the pollutant concentrations in sewage sludge from this facility. Provide all data for the last two years. If data from the last two years are unavailable, provide the most recent data.

| POLLUTANT | CONCENTRATION (mg/kg dry weight) | SAMPLE TYPE | SAMPLE DATE | DETECTION LEVEL FOR ANALYSIS |
|------------|-------------------------------------|-------------|-------------|---------------------------------|
| Arsenic | | | | |
| Cadmium | | | | |
| Chromium | | | | |
| Copper | | | | |
| Lead | | | | |
| Mercury | | | | |
| Molybdenum | | | | |
| Nickel | | | | |
| Selenium | | | | |
| Zinc | | | | |
| | | | | |
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| | | | | |

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Identification.

a. Name of facility: _____

b. Facility contact. Name: _____

Title: _____

Phone: () _____

c. Facility mailing address.

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Facility location.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

e. Facility latitude: _____ Facility longitude: _____

Method of latitude/longitude determination:

_____ USGS map _____ Other (describe:)

_____ Field survey _____

If map used, provide datum and scale: _____

f. Is this facility a Class I sludge management facility?

_____ Yes _____ No

g. Indicate whether this facility is currently: _____ Active _____ Inactive

Date on which facility became active/inactive: _____

h. SIC Codes (4-digit, in descending order of priority):

Code: _____ Specify: _____

Code: _____ Specify: _____

Code: _____ Specify: _____

Code: _____ Specify: _____

A.2. Permit Information.

a. Facility's NPDES permit number (if applicable): _____

b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number: _____ Type of Permit: _____

A.3. Owner/Operator Information.

a. Are you the owner of this facility? _____ Yes _____ No

If no, provide the owner's:

Name: _____

Phone: () _____

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

b. Are you the operator of this facility? _____ Yes _____ No

If no, provide the operator's:

Name: _____

Phone: () _____

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

c. Indicate the type of facility:

_____ Publicly owned treatment works (POTW)

_____ Privately owned treatment works

_____ Federally owned treatment works

_____ Blending or treatment operation

_____ Surface disposal site

_____ Sewage sludge incinerator

Other. If other, explain: _____

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)Form Approved
OMB Number 2040-0096
Approval Expires 8/31/95**PART 2: PERMIT APPLICATION INFORMATION**

Complete this part if you answered "yes" to any of the questions in the PRELIMINARY INFORMATION section (page 1). In other words, complete this part if your facility has, or is applying for, an NPDES permit or if your facility (including a "sludge-only" facility) is requesting, or is required to have, site-specific pollutant limits in its permit.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

SCREENING INFORMATION — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into six sections (A-F). Sections A and F pertain to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page will indicate which sections of Part 2 to fill out.

1. All applicants must complete **Section A (General Information)**.

2. Does this facility generate sewage sludge?

____ Yes ____ No

Does this facility derive a material from sewage sludge?

____ Yes ____ No

If you answered **Yes** to either, complete **Section B (Generation of a Sewage Sludge or Preparation of a Sewage Sludge or Preparation of a Sewage Sludge Product)**.

3. Does this facility apply sewage sludge to the land?

____ Yes ____ No

Is sewage sludge from this facility applied to the land?

____ Yes ____ No

If you answered **Yes** to either, answer the following three questions:

a. Does sewage sludge from this facility meet the pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions? ____ Yes ____ No

b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away? ____ Yes ____ No

c. Is sewage sludge from this facility sent to another facility for treatment (including blending) or placement in a bag or other container for sale or give-away? ____ Yes ____ No

If you answered **No** to all three, complete **Section C (Land Application of Bulk Sewage Sludge)**.

If you answered **Yes** to a., b., or c., skip **Section C**.

4. Do you own or operate a surface disposal site?

____ Yes ____ No

If **Yes**, complete **Section D (Surface Disposal)**.

5. Do you own or operate a sewage sludge incinerator?

____ Yes ____ No

If **Yes**, complete **Section E (Incineration)**.

6. All applicants must complete **Section F (Other Information)**.

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

6. **Treatment Provided at Other Facilities.** Is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?

____ Yes ____ No

If yes, provide the following information for the facility receiving the sewage sludge:

a. Name of facility: _____

b. Facility contact. Name: _____

Title: _____

Phone: () _____

c. Facility mailing address.

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

d. Facility location.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

e. Which activities does the receiving facility provide? (Check all that apply):

____ Treatment (e.g., blending, dewatering, composting, heat drying)

____ Sale or give-away in bag or other container

____ Land application _____ Surface disposal

____ Other (describe): _____ Incineration

7. **Use and Disposal Sites.** Provide the following information for each site on which sewage sludge from this facility is used or disposed:

a. Site name or number: _____

b. Site contact. Name: _____

Title: _____

Phone: () _____

c. Site location.

Street or Route #: _____

County: _____

City or Town: _____ State: _____ Zip: _____

d. Site type:

____ Agricultural _____ Lawn or home garden

____ Forest _____ Surface disposal

____ Public contact _____ Incineration

____ Reclamation _____ Other (describe): _____

8. **Certification.** Sign the certification statement below. (Refer to instructions to determine who is an officer for purposes of this certification.)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Officer: _____

Name of Officer: _____

(typed or printed)

Official Title of Officer: _____

Telephone Number: _____

Date Signed: _____

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

4. Pollutant Concentrations. Using the table below or a separate attachment, provide existing data on the pollutant concentrations in sewage sludge from this facility. Provide all data for the last two years. If data from the last two years are unavailable, provide the most recent data.

| POLLUTANT | CONCENTRATION (mg/kg dry weight) | SAMPLE TYPE | SAMPLE DATE | DETECTION LEVEL FOR ANALYSIS |
|------------|-------------------------------------|-------------|-------------|---------------------------------|
| Arsenic | | | | |
| Cadmium | | | | |
| Chromium | | | | |
| Copper | | | | |
| Lead | | | | |
| Mercury | | | | |
| Molybdenum | | | | |
| Nickel | | | | |
| Selenium | | | | |
| Zinc | | | | |
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5. Treatment Provided at Your Facility.

a. Which class of pathogen reduction does the sewage sludge meet at your facility?

_____ Class A _____ Class B _____ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- _____ Option 1 (Minimum 38 percent reduction in volatile solids)
- _____ Option 2 (Anaerobic process, with bench-scale demonstration)
- _____ Option 3 (Aerobic process, with bench-scale demonstration)
- _____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- _____ Option 5 (Aerobic processes plus raised temperature)
- _____ Option 6 (Raise pH to 12 and retain at 11.5)
- _____ Option 7 (75 percent solids with no unstabilized solids)
- _____ Option 8 (90 percent solids with unstabilized solids)
- _____ Option 9 (Injection below land surface)
- _____ Option 10 (Incorporation into soil within 6 hours)
- _____ Option 11 (Covering active sewage sludge unit daily)
- _____ None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)Form Approved
OMB Number 2040-0086
Approval Expires 8/31/95**PART 1: LIMITED BACKGROUND INFORMATION**

This part should be completed only by "sludge-only" facilities—that is, facilities that do not currently have, and are not now applying for, an NPDES permit for a direct discharge to a surface body of water. This part also does not pertain to facilities that are requesting, or that are required to have, site-specific pollutant limits in their permits.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

1. Facility Identification.

a. Name of facility:

b. Facility contact.

Name:

Title:

Phone: ()

c. Facility mailing address.

Street or P.O. Box:

City or Town:

State:

Zip:

d. Facility location.

Street or Route #:

County:

City or Town:

State:

Zip:

2. Owner/Operator Information.

a. Are you the owner of this facility?

Yes

No

If no, provide the owners:

Name:

Phone: ()

Street or P.O. Box:

City or Town:

State:

Zip:

b. Are you the operator of this facility?

Yes

No

If no, provide the operator's:

Name:

Phone: ()

Street or P.O. Box:

City or Town:

State:

Zip:

c. Indicate the type of facility:

Publicly owned treatment works (POTW)

Privately owned treatment works

Federally owned treatment works

Blending or treatment operation

Surface disposal site

Sewage sludge incinerator

Other. If other, explain:

3.

Sewage Sludge Amount. Provide the total dry metric tons per 365-day period of sewage sludge handled under the following practices:

a. Amount generated at the facility:

b. Amount received from off site:

c. Amount treated on site (including blending):

d. Amount sold or given away in a bag or other container for application to the land:

e. Amount of bulk sewage sludge shipped off site for treatment or for sale/give-away in a bag or other container for application to the land:

f. Amount applied to the land in bulk form:

g. Amount placed on a surface disposal site:

h. Amount fired in a sewage sludge incinerator:

i. Amount sent to a municipal solid waste landfill:

j. Amount used or disposed by another practice:

Describe:

FACILITY NAME:

PERMIT NUMBER:

EPA ID NUMBER:
(for official use only)

*Form Approved
OMB Number 2040-0086
Approval Expires 8/31/95*

INTERIM SEWAGE SLUDGE PERMIT APPLICATION FORM

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 8.4 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information, or suggestions for improving this form, including suggestions which may increase or reduce this burden, to: Chief, Information Policy Branch, PM-223Y, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC, 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC, 20503.

PRELIMINARY INFORMATION

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Answer each question. Then complete Part 1 or Part 2, as indicated. For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

1. Is this facility required to have, or is it requesting, site-specific pollutant limits?

____ Yes ____ No

2. Does this facility have a currently effective NPDES permit?

____ Yes ____ No

3. Is this facility required by the permitting authority to submit a full permit application at this time?

____ Yes ____ No

If the answers to the above questions are **all** no, complete Part 1 only (see instructions). If the answer to **any** of the above questions is yes, complete Part 2 rather than Part 1.

Send the completed application form to: